

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
 9960 Mayland Drive, Suite 400  
 Richmond, VA 23233  
 (804) 367-8506  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



**PSI Examination Services**  
**3210 E Tropicana**  
**Las Vegas, NV 89121**  
**(800) 733-9267**

**Virginia Auctioneers Board**  
**AUCTIONEER LICENSE BY EXAMINATION APPLICATION**  
**Fee \$40.00**

A cashier's check or money order payable to **PSI** must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

➔ After you pass the examination, you will be required to submit a \$25 LICENSE FEE and evidence of a surety bond in a minimum amount of \$10,000 in order to become licensed.

1. Name

Last                                      First                                      Middle                                      Generation

Sole proprietors practicing under a fictitious, trade or doing business as name, must indicate the name on the next line.

Fictitious or Trade Name \_\_\_\_\_

- \* If a Fictitious or Trade Name will be used, a copy of the certificate filed with the State Corporation Commission or locality pursuant to § 59.1-69 of the *Code of Virginia* must be included with this application.
- \* If you will be practicing auctioneering through a corporation, partnership or other business entity (other than a sole proprietorship), you are required to submit an *Auctioneer Firm License Application* available from the Department of Professional and Occupational Regulation at (804) 367-8506 or [www.dpor.virginia.gov](http://www.dpor.virginia.gov).

2. Social Security Number or Virginia DMV Control Number \*

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\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth \_\_\_\_\_

4. Street Address (PO Box not accepted)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City                                      State                                      Zip Code

➔ If you are using your business address, please include business name, full street address and any floor or suite numbers.

5. Mailing Address (PO Box accepted)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City                                      State                                      Zip Code

6. E-mail Address \_\_\_\_\_

7. Contact Numbers

Primary Telephone

Alternate Telephone

Facsimile

8. A. Do you have an expired Auctioneer license issued by the Virginia Auctioneers Board?

No ☐ Yes ☐ VA Auctioneer License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 If your license expired less than 2 years ago, you are required to reinstate your license using the *License Reinstatement Application*.

B. If your license expired 2 or more years ago and you are applying for a new license by examination, did you perform any auctioneering activities in Virginia after your license expired?

No ☐ Yes ☐ If yes, provide details. \_\_\_\_\_

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE 1020	ENTITY #	APPLICATION #	FILE # / LICENSE # 2907	ISSUE DATE
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9. Do you have a current auctioneer license, certification or registration from another state?

No ☐

Yes ☐ If yes, list all the licenses, certificates and registrations in the following table **and** attach a Certification of Licensure/Letter of Good Standing from each state in which you have passed an auctioneer's examination. Certifications of Licensure/Letters of Good Standing must be dated within the last 60 days.

State/Jurisdiction	License Number	Expiration Date

10. Have you successfully completed a Virginia board-approved course of study at a school of auctioneering?

No ☐

Yes ☐ If yes, you must attach a certified copy of a transcript of course completion, or other notarized documentation of completion of the required training.

11. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

12. Within the last five years, have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

*Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

*Original criminal history records* may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Auctioneer License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I understand, and have complied with, all the laws of Virginia related to auctioneer licensure under the provisions of Title 54.1, Chapter 6 of the *Code of Virginia* and the *Virginia Auctioneers Board Regulations*. I also certify that I understand this affidavit.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Notarization

In the State of \_\_\_\_\_, City/County of \_\_\_\_\_, subscribed and sworn before me,

The undersigned Notary Public in and for the City/County aforesaid this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires the \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_.

*Affix official seal here.*

\_\_\_\_\_  
Signature of Notary Public

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## EXAMINATION SITE AGREEMENT

**To:** Examination Candidates  
**From:** Director, Office of Education and Examinations  
Department of Professional and Occupational Regulation

1. **General.** This is a statement from the Virginia Department of Professional and Occupational Regulation. Please read carefully and sign the statement to acknowledge your understanding of this agreement. You will not be permitted to take the requested examination until after you have signed this agreement.
2. **Prohibited Conduct.** By taking this examination you agree that the following actions/behaviors constitute Prohibited Conduct at the examination site:
  - a. Looking at another examinee's answer sheet/test booklet or giving assistance to another candidate during administration of the examination;
  - b. Using unauthorized electronic devices (cell phones, tape/digital recorders, etc.), notes, sample tests, references, answer keys, manuals, or other aids that have not been approved for use during the examination;
  - c. Copying, recording, or transmitting exam questions in any form to another person (includes writing in authorized reference materials during open book exams);
  - d. Exhibiting irrational or disruptive behavior at the examination site;
  - e. Continuing to fill in answer sheets or answer test questions after time has been called; and
  - f. Impersonating an examination candidate or using false identification to take an examination - only the person named on the examination application/answer sheet is authorized to take the examination and their correct name must be signed on the examination.

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### AGREEMENT

I read and understand the provisions of this agreement. I further understand that a breach of this agreement may include, but is not limited to, expulsion from the examination, the voiding of my scores, the denial of my license, the restriction or prevention of my ability to take the examination again, and may expose me to litigation for recovery of expenses for the development of a new examination. If I am expelled from the examination for any reason, my examination fees will be forfeited.

**Candidate's Name:**

\_\_\_\_\_  
(Print Please)

**Candidate's ID Number:**

**Name of Examination:**

**Date:**

**Candidate's Signature:**